

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	Utility
Sequence Submission::	Paper
Computer Readable Form (CRF) ?::	Yes
Number of Copies of CRF::	1
Title Line One::	Electroactive Microspheres and Methods
Attorney Docket Number::	37000-UT-0206
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	5
Total Drawing Sheets::	6
Small Entity?::	Yes
Licensed US Govt. Agency::	National Science Foundation
Contract or Grant Numbers::	CHE0209707
Licensed US Govt. Agency::	U.S. Army Medical Research
Contract or Grant Numbers::	DAMD17-00-1-0366
Secrecy Order in Parent Appl.?::	No

### APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship	
Country::	US
Status::	Full Capacity
Inventor One Given Name::	Joseph
Family Name::	Wang
City of Residence::	Las Cruces
State or Province of Residence::	New Mexico
Country of Residence::	US
Street of Mailing Address::	1736 Salinas Drive
City of Mailing Address::	Las Cruces
State or Province of Mailing Address::	New Mexico
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	88011

**Applicant Authority Type::** Inventor  
**Primary Citizenship**  
**Country::** US  
**Status::** Full Capacity  
**Inventor Two Given Name::** Ronen  
**Family Name::** Polsky  
**City of Residence::** Las Cruces  
**State or Province of Residence::** New Mexico  
**Country of Residence::** US  
**Street of Mailing Address::** 991 Roadrunner  
**City of Mailing Address::** Las Cruces  
**State or Province of Mailing Address::** New Mexico  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing Address::** 88011

**Applicant Authority Type::** Inventor  
**Primary Citizenship**  
**Country::** US  
**Status::** Full Capacity  
**Inventor Three Given Name::** Kathryn  
**Middle Name::** L.  
**Family Name::** Turner  
**City of Residence::** Fishers  
**State or Province of Residence::** Indiana  
**Country of Residence::** US  
**Street of Mailing Address::** 11538 Feather Rock Court  
**City of Mailing Address::** Fishers  
**State or Province of Mailing Address::** Indiana  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing Address::** 46038

## CORRESPONDENCE INFORMATION

**Correspondence Customer**  
**No.::** 005179  
**Phon Number::** (505) 998-1500  
**Fax Number::** (505) 243-2542  
**E-Mail Addr ss::** info@peacocklaw.com

## **REPRESENTATIVE INFORMATION**

**Representative Customer  
Number::** 005179

## **DOMESTIC PRIORITY INFORMATION**

**Application::** This Application  
**Continuity Type::** An application Claiming the Benefit Under  
35 USC 119(e)  
**Parent Application::** 60/412,246  
**Parent Filing Date::** 09/20/02

## **ASSIGNEE INFORMATION**

**Assignee Name Line One::** New Mexico State University Technology  
**Assignee Name Line Two::** Transfer Corporation  
**Street of Mailing Address::** MSC 3RES, Box 30001  
**City of Mailing Address::** Las Cruces  
**State or Province of Mailing  
Address:** New Mexico  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing  
Address::** 88003-8001